

**PHYSICAL
EXAMINATION REPORT**

*Required of all persons upon initial employment as a
Commercial Driver Training School Instructor*

1. **Name:**

2. **Age:**

3. **Sex:** **Male** **Female**

4. **Address:**

5. **Blood Pressure:**

6. **Weight:**

7. **Height:**

8. **Skin:** (Record any evidence of disease)

9. **Vision:**

Without glasses

R: 20/

L: 20/

With glasses

R: 20/

L: 20/

10. Hearing: Is there any obvious hearing disorder?

Yes No

If yes, please describe:

11. MOUTH,NOSE,THROAT: (Record any evidence of disease or presence of speech defect)

12. HEART AND LUNGS:

(State whether individual can undergo normal activity)

13. TUBERCULOSIS: Tuberculin skin test: (Record date and findings)

14. IMMUNIZATION: Has individual been immunized against tetanus/diphtheria with adult-type tetanus/diphtheria (Td) toxoids within past ten years?

Yes No

Rubella: Immunization

Yes No

Blood Test indicating immunity

Yes No

15. ABDOMEN: (Record any abnormality found, including hernia)

16. GENITO-URINARY: (Record any abnormalities found, result of urinalysis, and if necessary microscopic examination of discharge)

17. NERVOUS AND MENTAL: (Record any defects found)

18. ADDITIONAL FINDINGS:

19. RECOMMENDATIONS:

This is to certify that an examination of the above-named person shows the results indicated, _____ and that is (not) free of tuberculosis or other communicable disease, or any disease, physical or mental, which will impair the ability of said person to perform his or her duties as a commercial driving training school instructor.

Date:

Signature of Physician: _____
M.D.